

Secretary of State Open Meetings Website

PUBLIC BODY INFORMATION FORM

DATE SUBMITTED: _____

OVERSEEING BODY NAME: _____

PUBLIC BODY

NAME: _____

AUTHORIZING STATUTE: _____

MAILING ADDRESS: _____

WEB ADDRESS: _____

PUBLIC CONTACT *This information will be posted on the Secretary of State Open Meetings Website.*

NAME: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

FILER

FIRST NAME: _____

LAST NAME: _____

EMAIL ADDRESS: _____

All filers must have a valid email address.

PLEASE RETURN THIS FORM TO YOUR FILING COORDINATOR:

PLEASE DETACH AND KEEP FOR FUTURE REFERENCE

TO UPDATE THE FILER INFORMATION SUBMITTED TO THE SECRETARY OF STATE OPEN MEETINGS WEBSITE, PLEASE SEND AN AMENDED FORM TO YOUR FILING COORDINATOR.

YOUR FILING COORDINATOR'S NAME IS: _____

EMAIL/PHONE: _____

THE *PUBLIC BODY INFORMATION FORM* IS AVAILABLE AT WWW.STATE.RI.US/PUBINFO